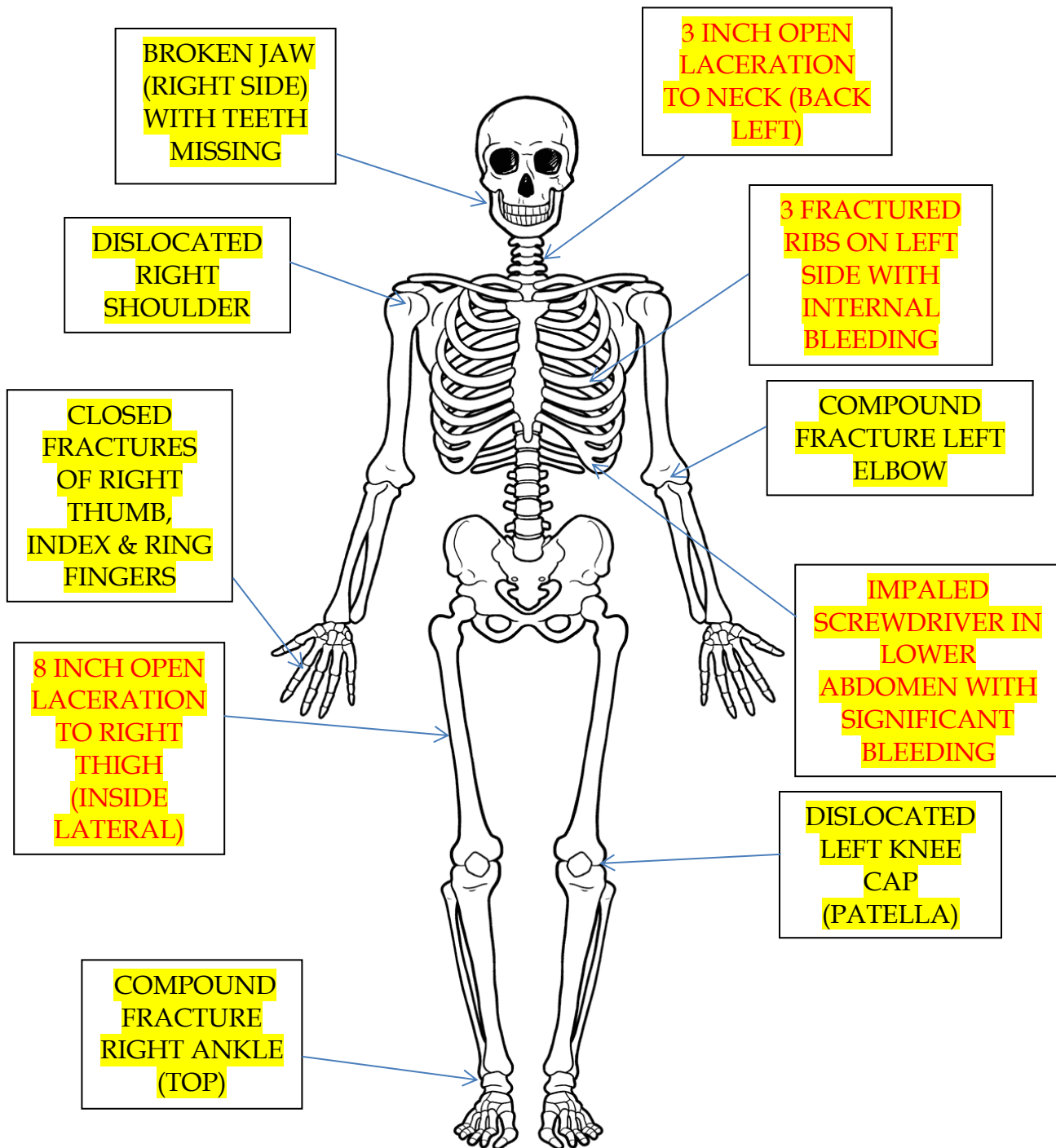


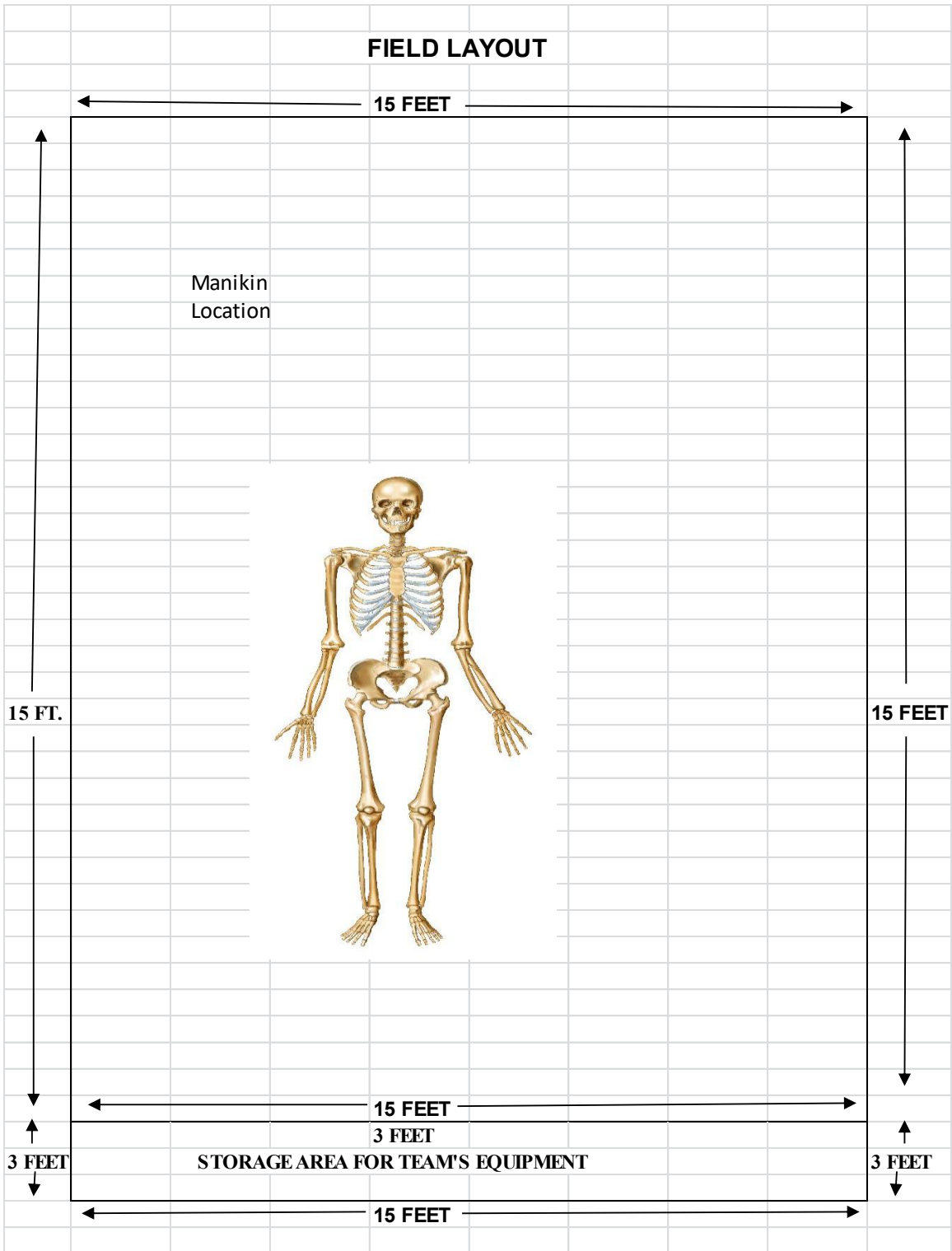
# **2024 Post 7 Mine Rescue First Aid** **Judges Packet**

Field:

Team Number:

Team Name:





## ORDER & PROCESS FOR TREATMENT

### IMMEDIATE

Teams will systematically conduct initial assessment, treating all life-threatening injuries/conditions. Life threatening conditions include breathing difficulties, no pulse, life threatening bleeding, spinal injury, skull fracture or a sucking chest wound. The team will perform a rapid patient assessment according to the patient assessment skill sheet. To perform a rapid patient assessment, teams will examine each area of the body in its entirety, verbalizing critical skills and injuries/conditions found. No treatment is required for non-life-threatening conditions/injuries found during the rapid patient assessment.

After completing rapid assessment and treating life threatening conditions, if transportation is delayed patient treatment will continue until transportation is available. A detailed patient assessment would be required, treating conditions/injuries as found

*\*\*\* Life threatening conditions include breathing difficulties, no pulse, life threatening bleeding, spinal injury, skull fracture or a sucking chest wound.*

All life-threatening conditions shall be located and started before patient assessment can begin.

When the team encounters life-threatening bleeding, no work other than controlling bleeding shall be done until bleeding is controlled. Bleeding is controlled when notified by the Judge (judge makes a statement that bleeding is controlled). If treatment has been started and one team member can complete that treatment, the other team member may continue to work

Patient assessment can begin after all life-threatening conditions have been located and treatment started

**TRANSPORTATION IS DELAYED** (*state once life-threatening conditions have been treated and team is ready to transport*)

### DELAYED

Teams will systematically conduct the patient assessment according to procedures of the patient assessment skill sheet. Each area of the body shall be examined in its entirety prior to treating injuries in that area (except taking support). All injuries must be treated on the area being examined prior to moving to the next area to be examined. The sling for fractured ribs may be applied after upper extremity has been surveyed/treated. If treatment has been started and can be completed by one team member (except injuries requiring a backboard), the other team member may continue the examination to the next area and begin treatment. (Systemically, legs are treated before the arms.) **\*NOTE: Each critical skill identified with an asterisk (\*) or double asterisk (\*\*) shall be clearly verbalized by the team. After initially stating what BP-DOC- (Bleeding, Pain, Deformities, Open wounds) & "CSM" (circulation, sensation, and motor function) mean, acronyms can be used.**

## Initial Assessment

1. SCENE SIZE UP	<input type="checkbox"/> <input type="checkbox"/>	<b>**A.</b> Observe area to ensure safety <b>**B.</b> Call for help
2. MECHANISM OF INJURY	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>**A.</b> Determine causes of injury, if possible <b>**B.</b> Triage: <b>Immediate, Delayed</b> , Minor or Deceased. <b>**C.</b> Ask patient (if conscious) what happened
3. INITIAL ASSESSMENT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>**A.</b> Verbalize general impression of the patient(s) <b>**B.</b> Determine responsiveness/level of consciousness (AVPU) Alert, Verbal, Painful, Unresponsive <b>**C.</b> Determine chief complaint/apparent life threat
4. ASSESS AIRWAY AND BREATHING	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>A.</b> Correctly execute head-tilt/chin-lift or jaw thrust maneuver, depending on the presence of cervical spine (neck) injuries <b>B.</b> Look for absence of breathing (no chest rise and fall) or gasping, which are not considered adequate (within 10 seconds) <b>C.</b> If present, treat sucking chest wound
5. ASSESS FOR CIRCULATION	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>A.</b> Check for presence of a carotid pulse (5-10 seconds) <b>B.</b> If present, control life threatening bleeding <b>C.</b> Start treatment for all other life-threatening injuries/conditions (Rule 2).

**\*\* 4 life threatening injuries will be found & should be treated during the initial assessment. The order in which these are found and treated does not matter.**

**\*\*\*After Treatment of life-threatening injuries is complete and team is ready to transport, Transportation is DELAYED (stated by judges) at which point the team will assess and treat all remaining injuries until transport is ready**

# 3 INCH OPEN LACERATION TO NECK (BACK LEFT)

## LIFE-THREATENING BLEEDING

PROCEDURES CRITICAL SKILLS	<input type="checkbox"/>	*A. Apply direct pressure with a gloved hand
1. DIRECT PRESSURE AND ELEVATION	<input type="checkbox"/>	*B. Apply a dressing to wound (cover entire wound) and continue to apply direct pressure
	<input type="checkbox"/>	**D. <b>Bleeding has been controlled</b>
	<input type="checkbox"/>	*E. If controlled, bandage dressing in place

**Bleeding is controlled with direct pressure (when asked by team)**

## DRESSINGS AND BANDAGING - OPEN WOUNDS

PROCEDURES CRITICAL SKILLS	<input type="checkbox"/>	*A. Control bleeding
1. EMERGENCY CARE FOR AN OPEN WOUND	<input type="checkbox"/>	*B. Prevent further contamination
	<input type="checkbox"/>	*C. Bandage dressing in place after bleeding has been controlled
	<input type="checkbox"/>	*D. Keep patient lying still
2. APPLY DRESSING	<input type="checkbox"/>	A. Use sterile dressing
	<input type="checkbox"/>	B. Cover entire wound
	<input type="checkbox"/>	C. Control bleeding
	<input type="checkbox"/>	D. Do not remove dressing
3. APPLY BANDAGE	<input type="checkbox"/>	A. Do not bandage too tightly.
	<input type="checkbox"/>	B. Do not bandage too loosely.
	<input type="checkbox"/>	C. Cover all edges of dressing.
	<input type="checkbox"/>	D. Do not cover tips of fingers and toes unless they are injured.
	<input type="checkbox"/>	E. Bandage from the bottom of the limb to the top (distal to proximal) if applicable.

### Open Neck Wound (Serious or Life Threatening)

- \*1. Gloved hand over wound
- \*2. Occlusive dressing over wound- 2 inches larger than wound site
3. Gauze dressing over occlusive
4. Place roller gauze beside site and wrap around figure 8 under opposite arm

# IMPALED SCREWDRIVER IN LOWER ABDOMEN (Not in “abs”) WITH SIGNIFICANT BLEEDING

## LIFE-THREATENING BLEEDING

PROCEDURES CRITICAL SKILLS	<input type="checkbox"/>	*A. Apply direct pressure with a gloved hand
1. DIRECT PRESSURE AND ELEVATION	<input type="checkbox"/>	*B. Apply a dressing to wound (cover entire wound) and continue to apply direct pressure
	<input type="checkbox"/>	**D. Bleeding has been controlled
	<input type="checkbox"/>	*E. If controlled, bandage dressing in place

**Bleeding is controlled with direct pressure (when asked by team)**

\*\*\* Multiple wounds will be treated as per procedures listed in patient assessment.

### Impaled Objects

- \*1. Do not remove
- 2. Expose wound
- 3. Control bleeding
- 4. Stabilize with a bulky dressing; criss-cross the layers
- 5. Tie 4in. wide cravats around to hold in place, or tape in place
- \*6. Check for exit wound (treat if/when found)
- 7. Immobilize affected area

### Abdominal Injury

- \*1. Place on back with legs flexed at the knees (for closed or open wounds)

### Additional Steps for Open Abdominal Wounds (Serious or Life Threatening)

- \*\*1. Apply moist dressing, then an occlusive dressing
- \*2. Cover the occlusive with pads or a towel for warmth

## DRESSINGS AND BANDAGING - OPEN WOUNDS

PROCEDURES CRITICAL SKILLS	<input type="checkbox"/>	*A. Control bleeding
1. EMERGENCY CARE FOR AN OPEN WOUND	<input type="checkbox"/>	*B. Prevent further contamination
	<input type="checkbox"/>	*C. Bandage dressing in place after bleeding has been controlled
	<input type="checkbox"/>	

		*D. Keep patient lying still
2. APPLY DRESSING	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Use sterile dressing B. Cover entire wound C. Control bleeding D. Do not remove dressing
3. APPLY BANDAGE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Do not bandage too tightly. B. Do not bandage too loosely. C. Cover all edges of dressing.

# 3 FRACTURED RIBS ON LEFT SIDE WITH SUSPECTED INTERNAL BLEEDING

## **Internal Bleeding**

- \*\*1. Monitor breathing and pulse
- \*\*2. Keep patient still
- \*\*3. Loosen restrictive clothing
- \*\*4. Be alert if patient vomits
- \*\*5. Nothing by mouth
- \*\*6. Report possibility of internal bleeding as soon as EMS personnel arrive on

# 8 INCH OPEN LACERATION TO RIGHT THIGH (INSIDE LATERAL)

## LIFE-THREATENING BLEEDING

<p>PROCEDURES CRITICAL SKILLS 1. DIRECT PRESSURE AND ELEVATION</p>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<p>*A. Apply direct pressure with a gloved hand *B. Apply a dressing to wound (cover entire wound) and continue to apply direct pressure *C. Elevate the extremity except when spinal injury exists **D. Bleeding has been controlled *E. If controlled, bandage dressing in place</p>
<p>2. IF NOTIFIED THAT <b>BLEEDING IS NOT CONTROLLED</b>, APPLY TOURNIQUET</p>	<input type="checkbox"/>	<p>A. Apply as per tourniquet skill sheet</p>

Bleeding is NOT controlled with direct pressure (when asked by team),  
Bleeding is controlled with tourniquet

## TOURNIQUET

<p>PROCEDURES CRITICAL SKILLS 1. DETERMINE NEED OR USING TOURNIQUET</p>	<input type="checkbox"/> <input type="checkbox"/>	<p>If these conditions are met, a tourniquet may be the only alternative: A. Direct pressure has not been successful in stopping bleeding B. Elevation of wound above heart has not been successful in stopping of bleeding</p>
<p>2. SELECT APPROPRIATE MATERIALS</p>	<input type="checkbox"/>	<p>A. Select a band that will be between 1-4 inches in width and can be wrapped six or eight layers deep for improvised tourniquet or select factory tourniquet.</p>



# \*TEAMS SHOULD NOW CONTINUE PATIENT ASSESSMENT AFTER TREATING LIFE THREATENING INJURIES

**PATIENT ASSESSMENT (Overview Checklist; See separate skill sheets for assessment and treatment requirements for each injury that's found as the team works through the assessment)**

## PATIENT ASSESSMENT

PROCEDURES		CRITICAL SKILLS
1. HEAD	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>**A.</b> Check head for BP-DOC: Bleeding, Pain, Deformities, Open wounds, Crepitus <b>**B.</b> Check and touch the scalp Check the face <b>**C.</b> Check the ears for bleeding or clear fluids <b>**D.</b> Check the eyes for any discoloration, unequal pupils, reaction to light, foreign objects and bleeding <b>**E.</b> Check the nose for any bleeding or drainage Check the mouth for loose or broken teeth, foreign objects, swelling or injury of tongue, unusual breath odor and discoloration <b>**F.</b> <b>**G.</b>
2. NECK	<input type="checkbox"/> <input type="checkbox"/>	<b>**A.</b> Check the neck <b>**B.</b> Inspect for medical ID
3. CHEST	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>**A.</b> Check chest area <b>**B.</b> Feel chest for equal breathing movement on both sides <b>**C.</b> Feel chest for inward movement in the rib areas during inhalations
4. ABDOMEN	<input type="checkbox"/>	<b>**A.</b> Check abdomen (stomach)
5. PELVIS	<input type="checkbox"/> <input type="checkbox"/>	<b>**A.</b> Check pelvis <b>**B.</b> Inspect pelvis for injury by touch (Visually inspect and verbally state inspection of crotch and buttocks areas)

6. LEGS	L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	**A. Check each leg B. Inspect legs for injury by touch C. Unresponsive: Check legs for paralysis (pinch inner side of leg on calf) **D. Responsive: Check legs for motion; places hand on bottom of each foot and states "Can you push against my hand?" **E. Check for medical ID bracelet
7. ARMS	L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	**A. Check each arm B. Inspect arms for injury by touch C. Unresponsive: Check arms for paralysis (pinch inner side of wrist) **D. Responsive: Check arms for motion (in a conscious patient; team places fingers in each hand of patient and states "Can you squeeze my fingers?" **E. Check for medical ID bracelet
8. BACK SURFACES	<input type="checkbox"/>	**A. Check back	

# BROKEN JAW (RIGHT SIDE) WITH TEETH MISSING

- Airway is not obstructed and no sign of neck injury

\*\* No other treatment is required as per critical skill sheets \*\*

# DISLOCATED RIGHT SHOULDER

## SPLINTING (RIGID) UPPER EXTREMITY FRACTURES AND DISLOCATIONS

<p>PROCEDURES CRITICAL SKILLS</p> <p>1. CARE FOR FRACTURE</p>	<input type="checkbox"/>	<p>**A. Check for distal circulation, sensation, and motor function</p> <ul style="list-style-type: none"> <li>▪ Do not attempt to reduce dislocations (if applies)</li> </ul>
<p>3. SECURING WITH SLING</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>A. Place sling over chest and under arm</p> <p>B. Hold or stabilize arm</p> <p>C. Triangle should extend behind elbow on injured side</p> <p>D. Pull sling around neck and tie on uninjured side</p> <p>E. Pad at the neck (except when C-Collar is present)</p> <p>F. Secure excess material at elbow</p> <p>G. Fingertips should be exposed</p> <p>**H. Reassess distal circulation, sensation, and motor function</p>
<p>4. SECURING SLING WITH SWATHE</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>A. Use triangle cravat or factory swathe</p> <p>B. Swathe is tied around chest and injured arm</p> <p>**C. Reassess distal circulation, sensation, and motor function</p>

### SHOULDER BLADE

Support and limit movement of affected area Follow Procedures No. 1, No. 3 and No. 4 above

**NOTE: Do not reposition dislocations**

# DISLOCATED LEFT KNEE CAP (PATELLA)

## SPLINTING (RIGID OR SOFT) PELVIC GIRDLE, THIGH, KNEE AND LOWER LEG

<p>PROCEDURES CRITICAL SKILLS 1. DETERMINE NEED FOR SPLINTING</p>	<input type="checkbox"/> <input type="checkbox"/>	<p>**A. Assess for:</p> <ul style="list-style-type: none"> <li>▪ Pain</li> <li>▪ Swelling</li> <li>▪ Deformity</li> </ul> <p>B. Determine if splinting is warranted</p>
<p>2. APPLY MANUAL STABILIZATION</p>	<input type="checkbox"/>	<p>A. Support affected limb and limit movement</p> <ul style="list-style-type: none"> <li>▪ Do not attempt to reduce dislocations</li> </ul>
<p>3. SELECT APPROPRIATE SPLINT</p>	<input type="checkbox"/> <input type="checkbox"/>	<p>A. Select appropriate splinting method depending on position of extremity and materials available</p> <p>B. Select appropriate padding material</p>
<p>4. PREPARE FOR SPLINTING</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>A. Remove or cut away clothing as needed</p> <p>**B. Assess distal circulation, sensation, and motor function</p> <p>C. Cover any open wounds with sterile dressing and bandage</p> <p>D. Measure splint</p> <p>E. Pad around splint for patient comfort</p>

**NOTE: Do not reposition dislocations**

# COMPOUND FRACTURE RIGHT ANKLE (TOP)

## SPLINTING (SOFT) LOWER EXTREMITY FRACTURES AND DISLOCATIONS (ANKLE AND FOOT)

PROCEDURES CRITICAL SKILLS 1. CARE FOR FRACTURE	<input type="checkbox"/>	**A. Assess for distal circulation, sensation, and motor function
2. IMMOBILIZING FRACTURE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Support affected limb and limit movement B. Place three cravats (triangular bandage) under ankle/foot C. Place pillow length wise under ankle/foot, on top of cravats (pillow should extend 6 inches beyond foot) D. Lower limb, adjust cravats to tie E. Tie cravats distal to proximal F. Elevate with blanket or pillow **G. Reassess distal circulation, sensation, and motor function

# CLOSED FRACTURES OF RIGHT THUMB, INDEX, & RING FINGERS

## SPLINTING (RIGID) UPPER EXTREMITY FRACTURES AND DISLOCATIONS

PROCEDURES CRITICAL SKILLS 1. CARE FOR FRACTURE	<input type="checkbox"/>	** A. Check for distal circulation, sensation, and motor function
2. IMMOBILIZING FRACTURE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Selection of appropriate rigid splint of proper length B. Support affected limb and limit movement C. Apply appropriate padded rigid splint against injured extremity D. Place appropriate roller bandage in hand to ensure the position of function E. Secure splint to patient with roller bandage, handkerchiefs, cravats, or cloth strips F. Apply wrap distal to proximal **G. Reassess distal circulation, sensation, and motor function

### FINGER/FINGERS

Immobilize Fracture

1. Tape injured finger to an adjacent uninjured finger; or
2. Tape injured finger to a tongue depressor, aluminum splint, or pen and pencil
3. Secure with sling and swathe

# COMPOUND FRACTURE LEFT ELBOW

## SPLINTING (RIGID) UPPER EXTREMITY FRACTURES AND DISLOCATIONS

<p>PROCEDURES CRITICAL SKILLS</p> <p>1. CARE FOR FRACTURE</p>	<input type="checkbox"/>	<p>** A. Check for distal circulation, sensation, and motor function</p>
<p>2. IMMOBILIZING FRACTURE</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>A. Selection of appropriate rigid splint of proper length          B. Support affected limb and limit movement          C. Apply appropriate padded rigid splint against injured extremity          D. Place appropriate roller bandage in hand to ensure the position of function          E. Secure splint to patient with roller bandage, handkerchiefs, cravats, or cloth strips          F. Apply wrap distal to proximal          **G. Reassess distal circulation, sensation, and motor function</p>

### ELBOW (STRAIGHT POSITION)

Follow Procedures No. 1 and No. 2 above

**\*AFTER ALL INJURIES HAVE BEEN TREATED BY THE TEAM (AT LEAST THE ONES THEY PLAN ON TREATING) AND THE BACK SURFACES HAVE BEEN CHECKED FOR DOTS AND GIVE THE TEAM ENVELOPE #1**

**ONE-PERSON CPR (MANIKIN ONLY)**

<p>PROCEDURES CRITICAL SKILLS 1. RESCUER ESTABLISH UNRESPONSIVENESS</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>A. Tap or gently shake shoulders **B. "Are you OK?" C. Determine unconsciousness without compromising cervical spine (neck) injury **D. "Call for help" **E. "Get AED" (<b>Note:</b> If AED is used, follow local protocol)</p>
<p>2. RESCUER MONITOR PATIENT FOR BREATHING</p>	<p><input type="checkbox"/></p>	<p>A. Look for absence of breathing (no chest rise and fall) or gasping breaths, which are not considered adequate (within 10 seconds)</p>
<p>3. RESCUER CHECK FOR CAROTID PULSE</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>A. Correctly locate the carotid pulse - on the side of the rescuer, locate the patient's windpipe with your index and middle fingers and slide your fingers in the groove between the windpipe and the muscle in the neck B. Check for presence of carotid pulse for 5 to 10 Seconds **C. Absence of pulse D. Immediately start CPR if no pulse</p>
<p>4. POSITION FOR COMPRESSIONS</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>A. Locate the compression point on the breastbone between the nipples B. Place the heel of one hand on the compression point and the other hand on top of the first so hands are parallel C. Do not intentionally rest fingers on the chest</p>

		D. Keep heel of your hand on chest during and between compressions
5. DELIVER CARDIAC COMPRESSION	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Give 30 compressions B. Compressions are at the rate of 100-120 per minute C. Down stroke for compression must be on or through compression line D. Return to baseline on upstroke of compression

**\* AFTER 1-SET OF 1-PERSON CPR GIVE ENVELOPE #2**

**\*\*\* TEAM SHOULD NOW PREPARE THE PATIENT FOR TRANSPORTATION**

## TWO-PERSON LOG ROLL

<p>PROCEDURES CRITICAL SKILLS 1. STABILIZE HEAD</p>	<input type="checkbox"/>	<p>*A. Stabilize the head and neck</p>
<p>2. PREPARING THE PATIENT</p>	<input type="checkbox"/> <input type="checkbox"/>	<p>A. When placing patient on board place board parallel to the patient          B. Kneel at the patient's shoulders opposite the board (if used) leaving room to roll the patient toward knees          Raise the patient's arm, if not injured (the one closer to the rescuer) above the patient's head</p>
<p>3. PREPARING THE RESCUER</p>	<input type="checkbox"/> <input type="checkbox"/>	<p>A. Grasp the patient at the shoulder and pelvis area          B. Give instructions to bystander, if used to support</p>
<p>4. ROLLING THE PATIENT</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>A. While stabilizing the head, roll the patient toward the rescuer by pulling steadily and evenly at the shoulder and pelvis areas          B. The head and neck should remain on the same plane as the torso          C. Maintain stability by holding patient with one hand and placing board (if used) with other          D. Roll the body as a unit onto the board (if used) (board may be slanted or flat)          E. Place the arm alongside the body</p>

**\* AFTER ROLLING PATIENT ONTO BOARD, HAND ENVELOPE 3**

## SHOCK

<p>PROCEDURES CRITICAL SKILLS 1. CHECK FOR SIGNS AND SYMPTOMS OF SHOCK</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>**A. Check restlessness; anxiety; altered mental status; increased heart rate; normal to slightly low blood pressure; mildly increased breathing rate; pale (or bluish) skin (in victim with dark skin examine inside of mouth and nailbeds for bluish coloration).  **B. Check for cool, moist skin; sluggish pupils; and nausea and vomiting.  **C. Check for weakness</p>
<p>2. TREATMENT</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>A. Ensure the ABCs are properly supported.  B. Control external bleeding.  C. Keep the patient in a supine position.   **D. Calm and reassure the patient, and maintain a normal body temperature.  E. Cover with blanket to prevent loss of body heat and place a blanket under the patient. (Do not try to place blanket under patient with possible spinal injuries)  F. Continue to monitor and support ABCs  G. Do not give the patient anything by mouth. Do not give any fluids or food and be alert for vomiting.  **H. Monitor the patient's ABCs at least every five minutes.  **I. Reassure and calm the patient</p>

### IMMOBILIZATION - LONG SPINE BOARD (Backboard)

<p>PROCEDURES CRITICAL SKILLS 1. MOVE THE PATIENT ONTO THE LONG SPINE BOARD</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>A. Rescuer One at the head must maintain in-line immobilization of the head and spine          B. Rescuer One at the head directs the movement of the patient          C. Other Rescuers control movement of the rest of body          D. Rescuer Two position themselves on same side          E. Upon command of Rescuer One at the head, roll patient onto side toward Rescuer Two.          F. Quickly assess posterior body, if not already done          G. Place long spine board next to the patient with top of board beyond top of head          H. Place patient onto the board at command of the Rescuer at head while holding in-line immobilization using methods to limit spinal movement          I. Slide patient into proper position using smooth coordinated moves keeping spine in alignment</p>
<p>2. PAD VOIDS BETWEEN PATIENT AND LONG SPINE BOARD</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>A. Select and use appropriate padding          B. Place padding as needed under the head          C. Place padding as needed under torso</p>
<p>3. IMMOBILIZE BODY TO THE LONG SPINE BOARD</p>	<input type="checkbox"/>	<p>A. Strap and secure body to board ensuring spinal immobilization, beginning</p>

		at shoulder and working toward feet
4. IMMOBILIZE HEAD TO THE LONG SPINE BOARD	<input type="checkbox"/> <input type="checkbox"/>	A. Using head set or place rolled towels on each side of head B. Tape and/or strap head securely to board, ensuring cervical spine immobilization
5. REASSESS	<input type="checkbox"/> <input type="checkbox"/>	**A. Reassess distal circulation, sensation, and motor function **B. Assess patient response and level of comfort

**\*\*AS PER WRITTEN INSTRUCTIONS:** To prepare for transportation, a team will be required to properly place and secure a patient on a backboard as outlined in the skill sheets, cover with a blanket and lift patient from the floor. After the patient has been lifted from the floor, the team will verbalize - "transporting patient"